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May 9, 2014

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Docket No. 07-114; FCC 14-13

Dear Sir or Madam:

On behalf of the American Heart Association (AHA), including the American Stroke Association (ASA) and over 22.5 million AHA and ASA volunteers and supporters, we appreciate the opportunity to provide comments on the notice of proposed rulemaking that would require delivery of accurate location information to public safety answering points (PSAPs) for wireless 911 calls placed from indoors.

It is vitally important that PSAPs have accurate location information for all wireless 911 callers and we strongly support the Federal Communications Commission's efforts to improve the standards for indoor calls. Accurate location information is critical to helping first responders and emergency medical personnel promptly locate individuals in need, especially when responding to individuals with acute cardiovascular conditions such as sudden cardiac arrest, heart attack, and stroke, where time is of the essence and every second counts.

Quickly locating individuals suffering from an acute cardiac conditions is essential to providing them with timely care that not only saves lives but improves health outcomes too. Consider, for instance, the almost 424,000 emergency medical services (EMS)-assessed out-of-hospital cardiac arrests that occur each year in the United States.ⁱ Tragically, most of these cardiac arrests result in death, but there is hope for the victims if they receive immediate cardiopulmonary resuscitation (CPR) along with an electrical shock from a defibrillator to stop the abnormal heart rhythm. For every minute without life-saving CPR and defibrillation, chances of survival decrease 7%-10%.ⁱⁱ However, when CPR and defibrillation are provided within the first three to five minutes of collapse, along with early advanced care, long-term survival rates of greater than 50% can result.ⁱⁱⁱ

Similarly, when an individual suffers from the most severe type of heart attack, called ST-Elevation Myocardial Infarction (STEMI), the quicker the blocked artery is reopened, the better chances are for survival and less permanent damage to the heart.^{iv} Likewise, patients who receive treatment to restore blood flow to the brain following an ischemic stroke within 90 minutes of symptom onset are almost three times more likely to have favorable outcomes three months after a stroke than those who do not receive it.^v

Not only can fast treatment improve survival rates and health outcomes, it can also reduce health care costs. Faster treatment for a patient suffering a STEMI, for example, reduced the average hospital stay by two days and average hospital costs declined by nearly \$10,000 per patient – from \$26,826 to \$18,280.^{vi}

Time spent looking for a wireless 911 indoor caller is valuable, lifesaving time not spent treating patients suffering from an acute cardiovascular event. This is why AHA is pleased that the FCC seeks to improve accuracy standards for indoor wireless 911 calls. We look forward to the quick implementation of the interim standards and the more granular accuracy standards the FCC intends to propose in the future. We firmly believe these standards will have significant health benefits; they will play a crucial role in helping patients facing an acute cardiovascular event get the care they need, when they need it.

Thank you for consideration of our comments.

Sincerely,



Mariell Jessup, M.D.
President
American Heart Association

ⁱ Go AS, et al. Heart Disease and Stroke Statistics – 2014 Update: A report From the American Heart Association. *Circulation*. December 18, 2013.

ⁱⁱ Link MS, Atkins DL, Passman RS, Halperin HR, Samson RA, White RD, Cudnik MT, Berg MD, Kudenchuk PJ, Kerber RE. Part 6: electrical therapies: automated external defibrillators, defibrillation, cardioversion, and pacing: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010; 122 (suppl 3): S706-S719.

ⁱⁱⁱ Travers A, et al. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science. *Circulation*, 2010; 122, Suppl 3.

^{iv} American Heart Association. Recommendation to Develop Strategies to Increase the Number of ST-Segment-Evaluation Myocardial Infarction Patients With Timely Access to Primary Percutaneous Coronary Intervention. *Circulation*. 2006; 113: 2152-2163.

^v Lattimore SU, Chalela J, Davis L, et. al. Impact of establishing a primary stroke center at a community hospital on the use of thrombolytic therapy: the NINDS Suburban Hospital Stroke Center experience. *Stroke*. 2003; 34: 55-57.

^{vi} Khot, Umesh et al. Emergency Department Physician Activation of the Catheterization Laboratory and Immediate Transfer to an Immediately Available Catheterization Laboratory Reduce Door-to-Balloon Time in ST-Elevation Myocardial Infarction. *Circulation*, July 2007; 116: 67-76.